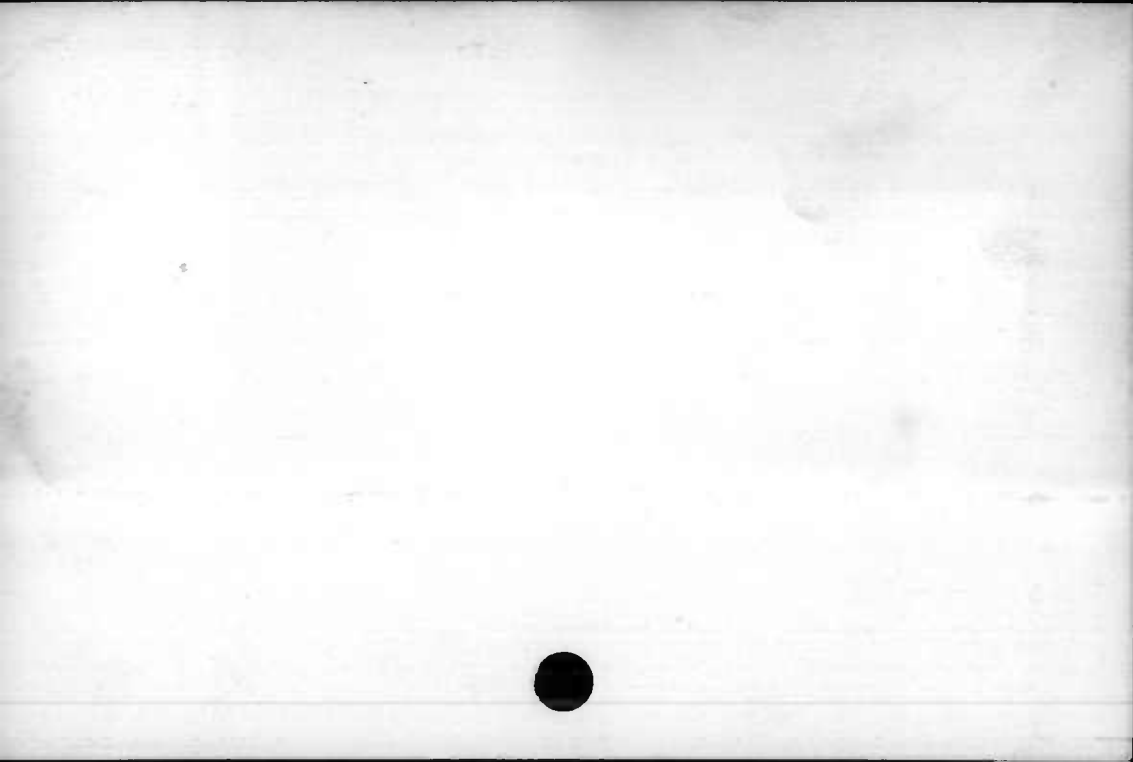


Name in Full		Samuel Earl Adams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pineville	County Montgomery	MARYLAND		
		Date of death		1905	Month Jan	Day 24	Age 8	Years Months Days
		Sex		male		Color or Race	Black	
		Occupation				Birth-place	Pineville	
						Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Amos Johnson		Father's Birthplace		
		Mother's Maiden Name		Hattie Adams		Mother's Birthplace		
		Name of person giving information		Hattie Adams		How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cholera Infantum				2 weeks		
		Immediate				How long		
		Convulsions				2 days		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				John R. Batson		
		Address				[Redacted]		
		Accident or Suicide?						



Elijah Axford

Town

County

Died at

Brimlow

Montgomery

MARYLAND

Date 1905
 Month June Day 17
 Y. 73 M. 8 D. 5
 Native of Unity
 Occupation Laborer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single Widower
 Number of children living 3

Husband of Elizabeth Axford

Father's Name Robert Axford

Mother's Name Susan Axford

Cause of Primary Tonsillitis

Death Immediate Septicemia

How long sick 3 weeks.
 (20) ✓
 Accident, Suicide, Homicide

Reported by Augustus Axford

Address Brighton

Name in Full

Certificate of Death

Gustavus Bond (still born)

Died at ^{Town} Brighton ^{County} Montg., MARYLANDDate 189 ¹⁹⁰⁵ ^{Month} June ^{Day} 6 ^{Y.} ^{M.} ^{D.} ^{Age} ^{Native of} ^{Occupation}

Male

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's Name Lewis W. Bond

Mother's Name Rachel Ann Bond

Cause of ^{Primary} Difficult Labor S. How long sickDeath ^{Immediate} S. ^{Accident, Suicide, Homicide}

Reported by Aug. Stabler

Address Brighton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Wilson Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakdale</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>4th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Henry Bowie</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Amelia Warren</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>John Henry Bowie</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>about 1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. C. Has. Farguehan</i>	
		Address <i>Olney, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Jas. S. Druley

Town

County

Died at near Olney

Montg.

Date

of death

1905

Month

June

Day

2

Years

Age

60

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Montg. Co. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jonathan Druley

Father's
Birthplace

Montg. Co. Md.

Mother's
Maiden Name

Mahala Robinson

Mother's
Birthplace

Prince George's Co.

Name of person giving
information

D. W. Arnold

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Apoplexy

How long

Eleven days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. W. F. Green.

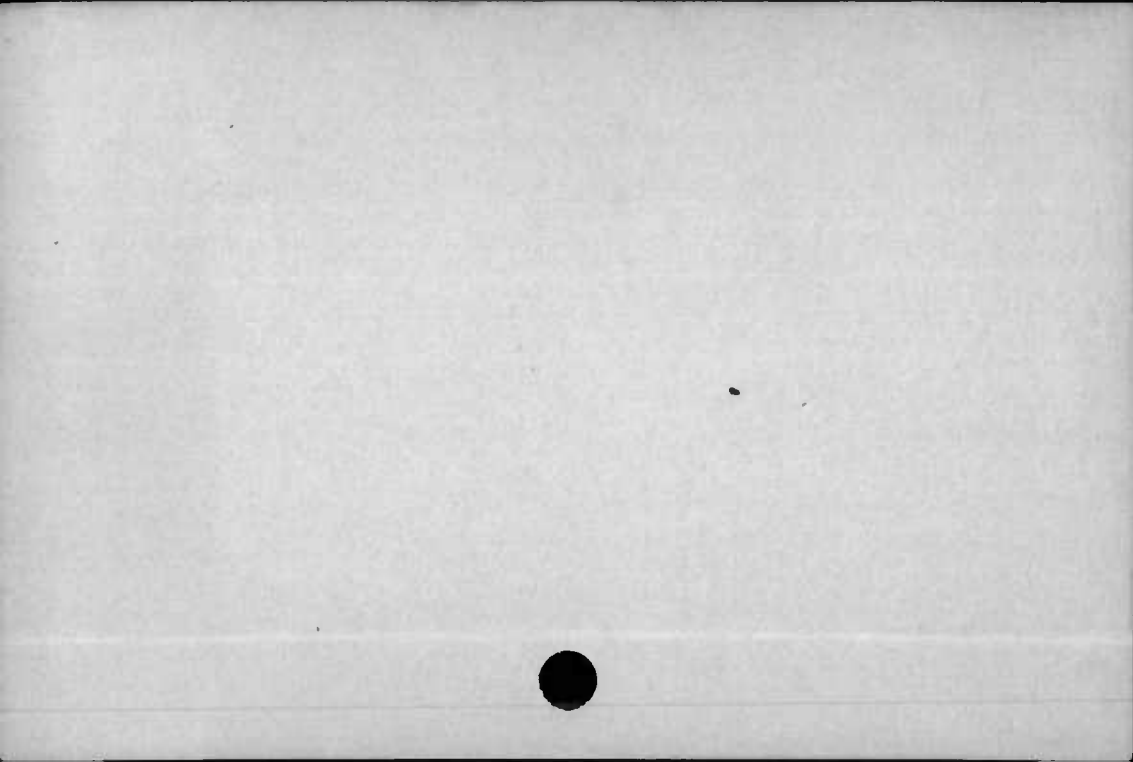
Address

Brookville

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Jas. S. England

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockville Md		County Montgomery		MARYLAND	
Date of death	1905	Month June	Day 3rd	Age 5-8	Months		Days
Sex	Female		Color or Race	white		Birth- place	Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Jas. S. England.				
Father's Name	Sniffith					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation					How related to deceased		

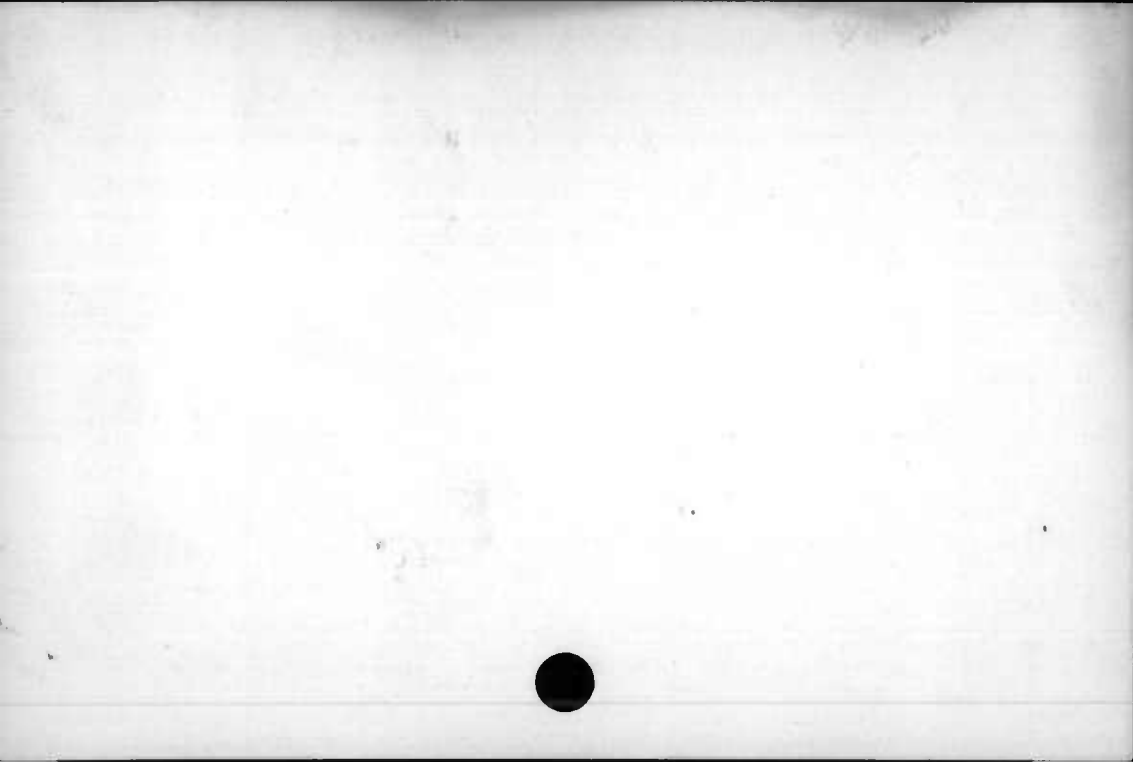
CAUSES OF DEATH

Primary	Pneumonia followed by Typhoid fever	How long	22 days -
Immediate	Exhaustion	How long	

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Ethel Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

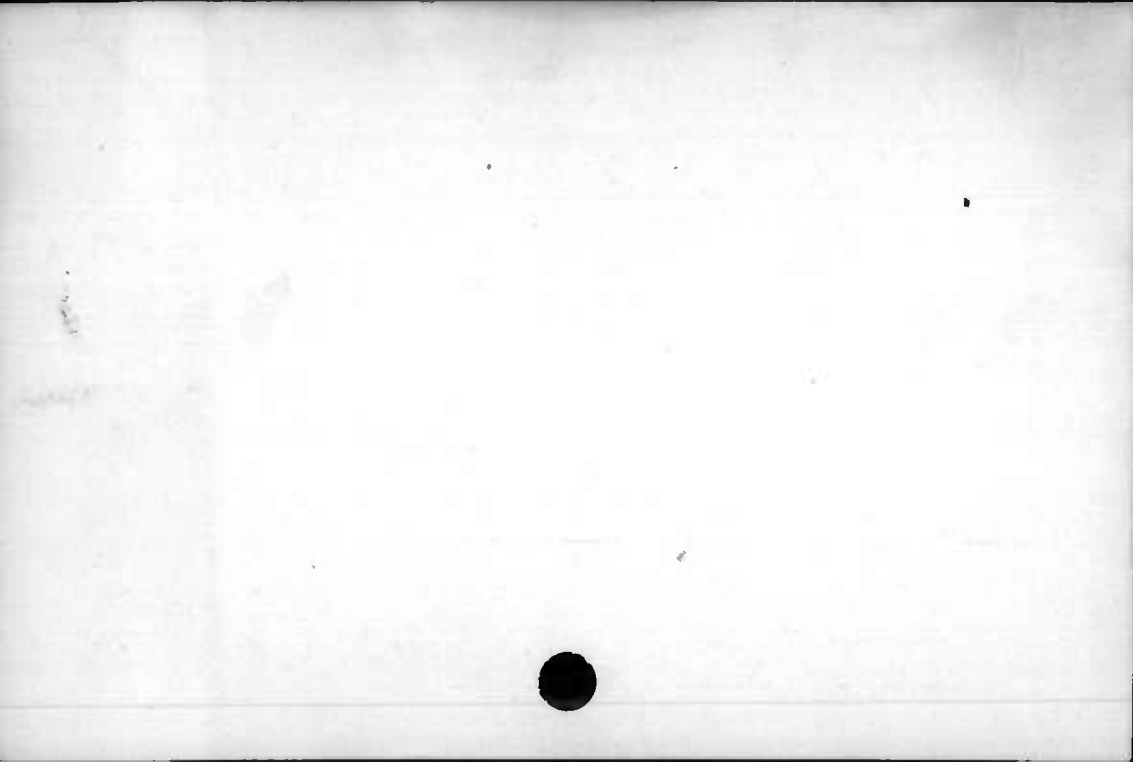
MARYLAND

Died at <i>Lyttonsville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>			
Date of death <i>190</i>	<i>June</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>22</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Virginia</i>		
Occupation <i>Laundress</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>Philip Fisher</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Fannie</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Fannie Taylor</i>			How related to deceased <i>Aunt</i>		

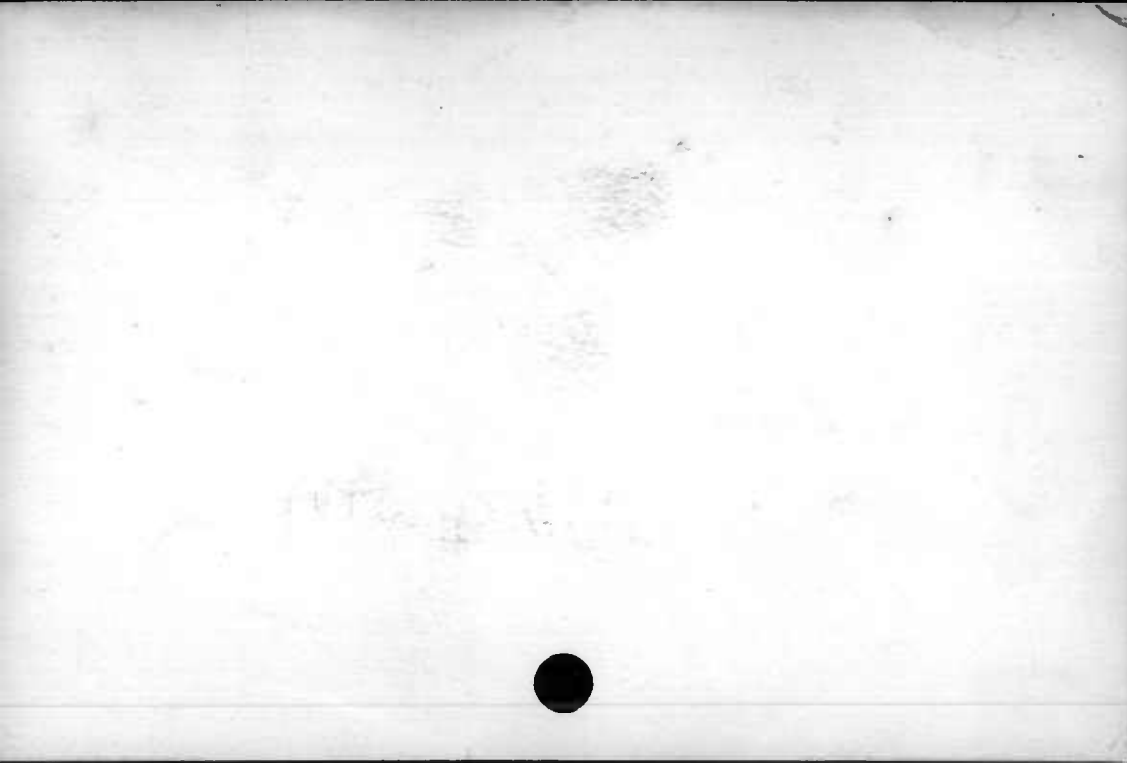
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 years</i>
Immediate <i>Exhaustion</i>	How long <i>27</i> <input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
	Address <i>Bethesda</i>
Accident or Suicide?	<i>Med.</i>



Name in Full Kathleen Harbert		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Rockville		County Montgomery		MARYLAND	
	Date of death 1908	Month June	Day 5	Age 5	Months 4 Days 18	
	Sex Female	Color or Race Black		Birth-place Montgomery Co., Md.		
	Occupation —		Where Residing if not at place of death Montgomery County			
	Married, Single or Widowed Single	Name of Wife or Husband				
	Father's Name Stilton Harbert	Father's Birthplace Montgomery Co.				
	Mother's Maiden Name Addie M^c Elroy	Mother's Birthplace "				
Name of person giving information Lloyd M^c Elroy		How related to deceased Uncle				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Broncho-pneumonia		How long 2 weeks			
	Asthenia		How long 48 hours			
	Immediate					
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician L. L. Burnett, M.D.			
			Address Rockville, Md.			
Accident or Suicide? No						



Name
in
Full

CERTIFICATE OF DEATH

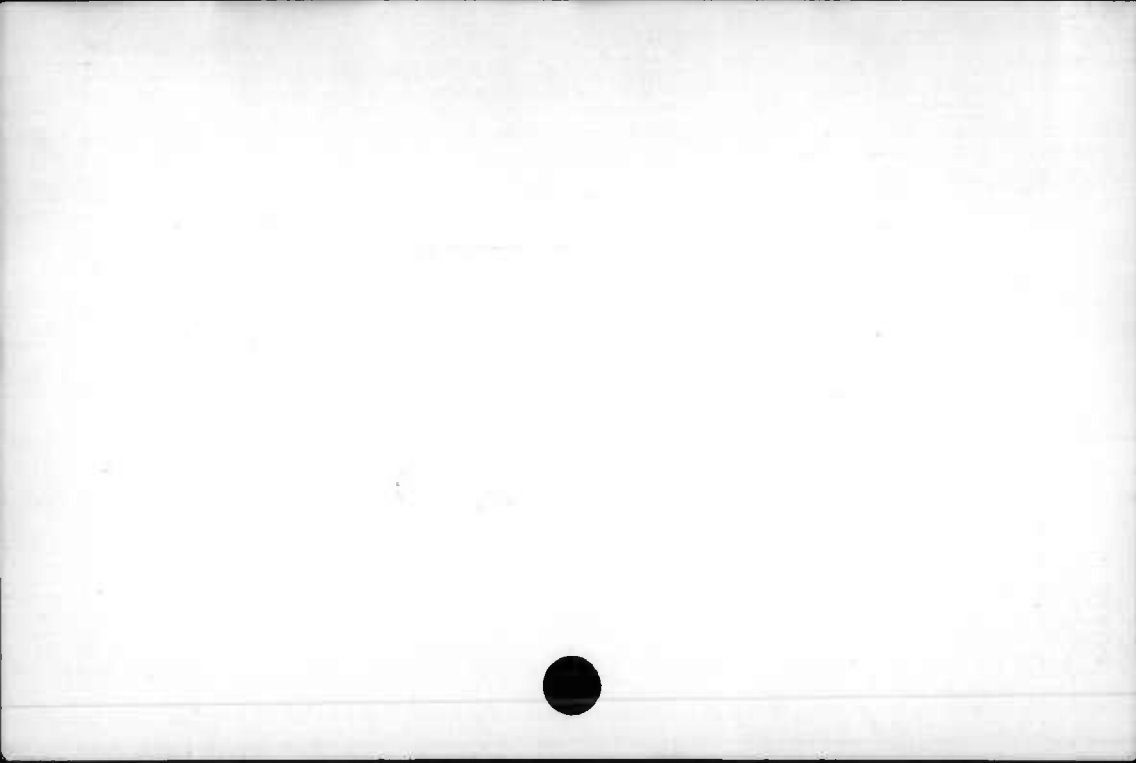
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James</i> Town <i>Polesville</i> County <i>Montgomery</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>3</i>	Age <i>Still-born</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Polesville Md</i>	
Occupation	Where Residing if not at place of death <i>Polesville Md</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Horace James</i>	Father's Birthplace <i>Polesville</i>		
Mother's Maiden Name <i>Bettie Brooks</i>	Mother's Birthplace <i>Polesville</i>		
Name of person giving Information <i>Horace James</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>S.</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. L. Galt</i>
		Address	<i>Polesville Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

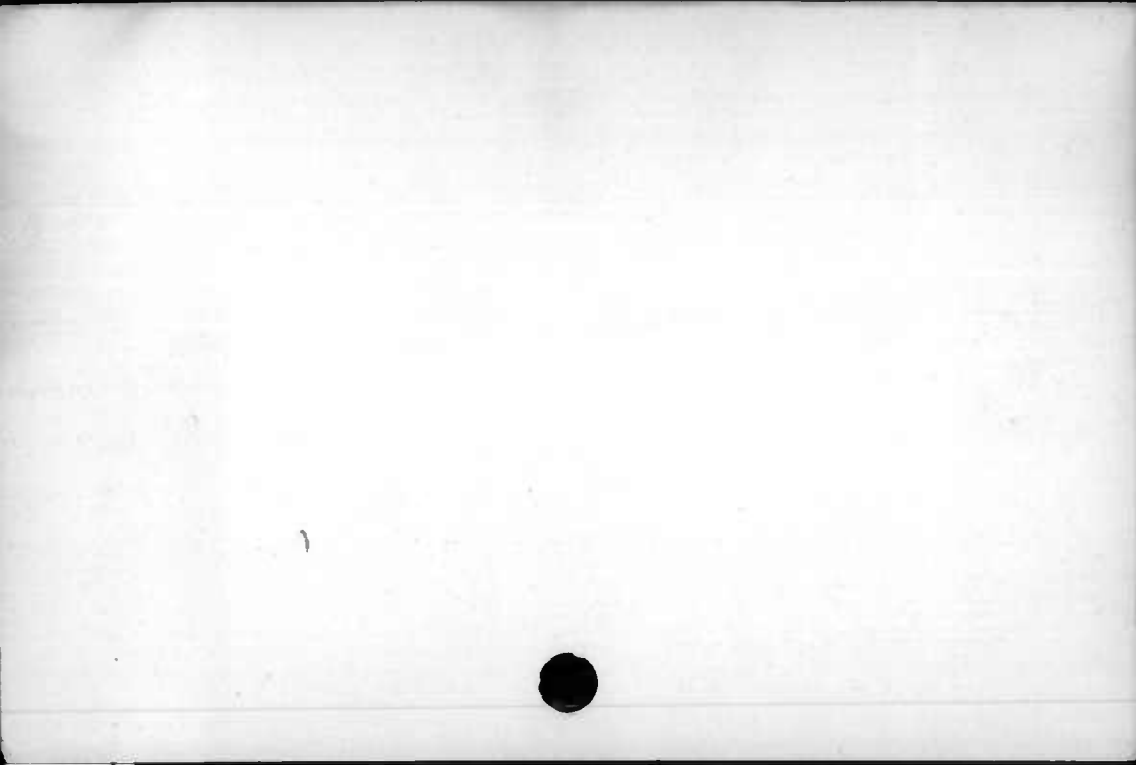
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>I della Johnson</i>		Town <i>Danmerville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Danmerville</i>		Month <i>6</i>		Day <i>15</i>		Age <i>1</i>	
Date of death <i>190</i>		Years <i>4</i>		Months <i>4</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Sugar Land.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Johnson (jr)</i>				Father's Birthplace <i>Sugar Land, Tex.</i>			
Mother's Maiden Name <i>Kathleen Brandegee</i>				Mother's Birthplace <i>Sugar Land, Tex.</i>			
Name of person giving information <i>Physician</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Asphyxia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U D. House M.D.</i>
	Address <i>Danmerville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

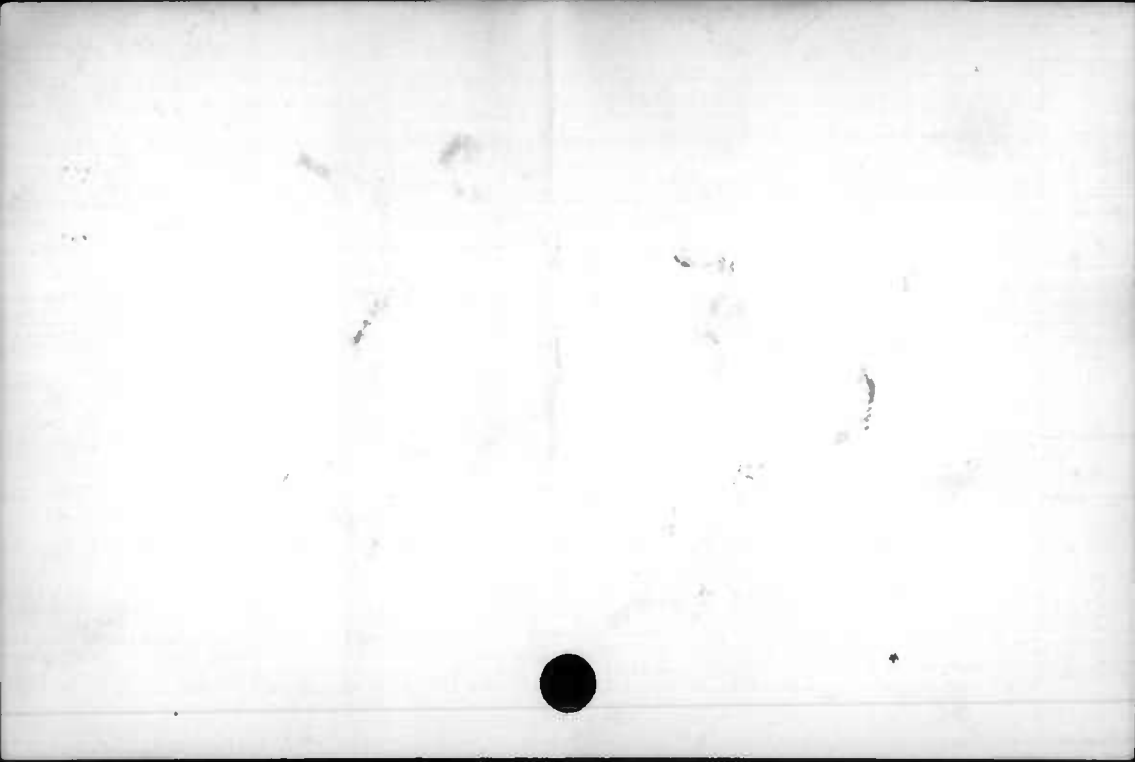
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Grove</i> <small>Town</small>		<i>Innontgomery</i> <small>County</small>		MARYLAND	
Date of death	1905	Month	June	Day	26
		Age	71	Years	
				Months	
				Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Harmoning</i>		Birth-place	<i>Cedar Grove</i>	
Where Residing if not at place of death			<i>at place of death</i>		
Married, Single or Widowed	<i>widowed</i>		Name of Wife or Husband		
Father's Name	<i>Ephraim Johnson</i>			Father's Birthplace	<i>Montg</i>
Mother's Maiden Name	<i>Margaret Moberly</i>			Mother's Birthplace	<i>do not know</i>
Name of person giving Information	<i>C. T. Johnson</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paraschymatous Nephritis</i>	How long	<i>12 mo</i>
Immediate	<i>Uremia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. A. Simpson</i>
		Address	<i>Germanstown, Md.</i>
Accident or Suicide?	<i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

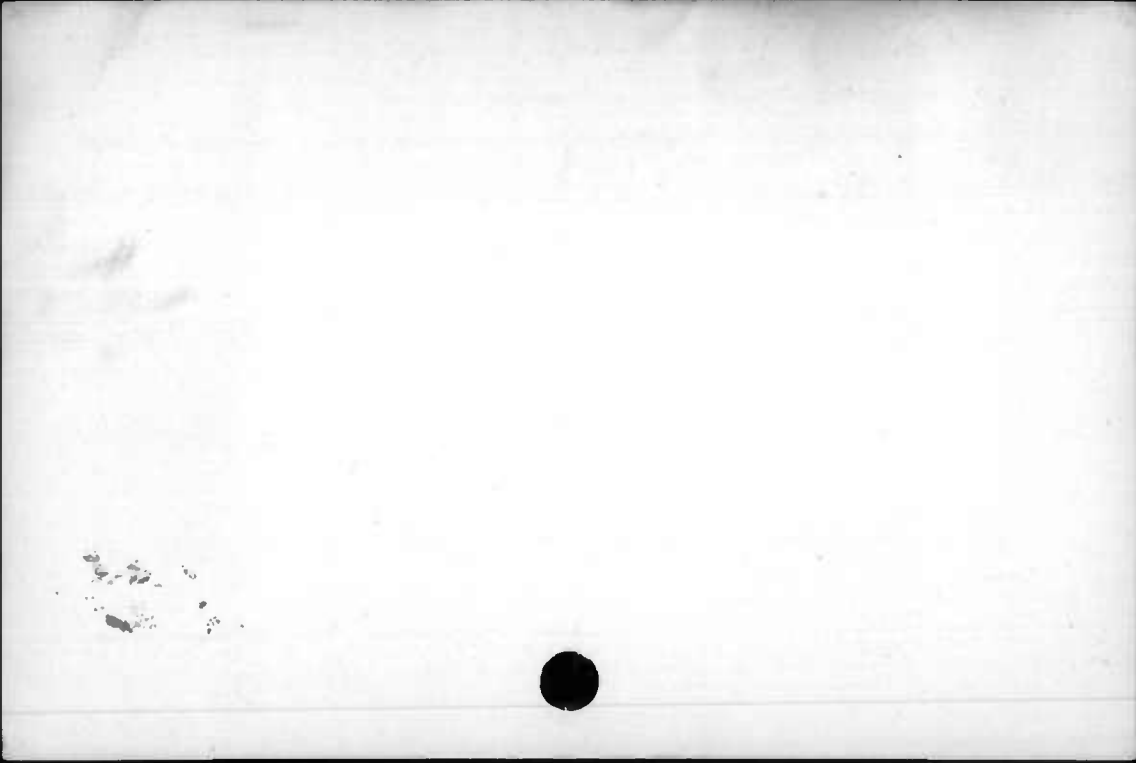
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nathan Johnson</i>		Town <i>Waverlyville</i>		County <i>Trinity</i>		MARYLAND					
Died at		Month <i>6</i>		Day <i>6</i>		Years <i>53</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1905</i>				Age <i>53</i>							
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Sugar Land Md</i>							
Occupation <i>Day laborer</i>		Where Residing if not at place of death <i>—</i>									
Married, <i>Yes</i> <i>or Widowed</i>		Name of Wife or Husband <i>Mary Johnson</i>									
Father's Name <i>Samuel Johnson</i>		Father's Birthplace <i>Trinity Co. Md</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>									
Name of person giving information <i>Physician</i>		How related to deceased <i>—</i>									

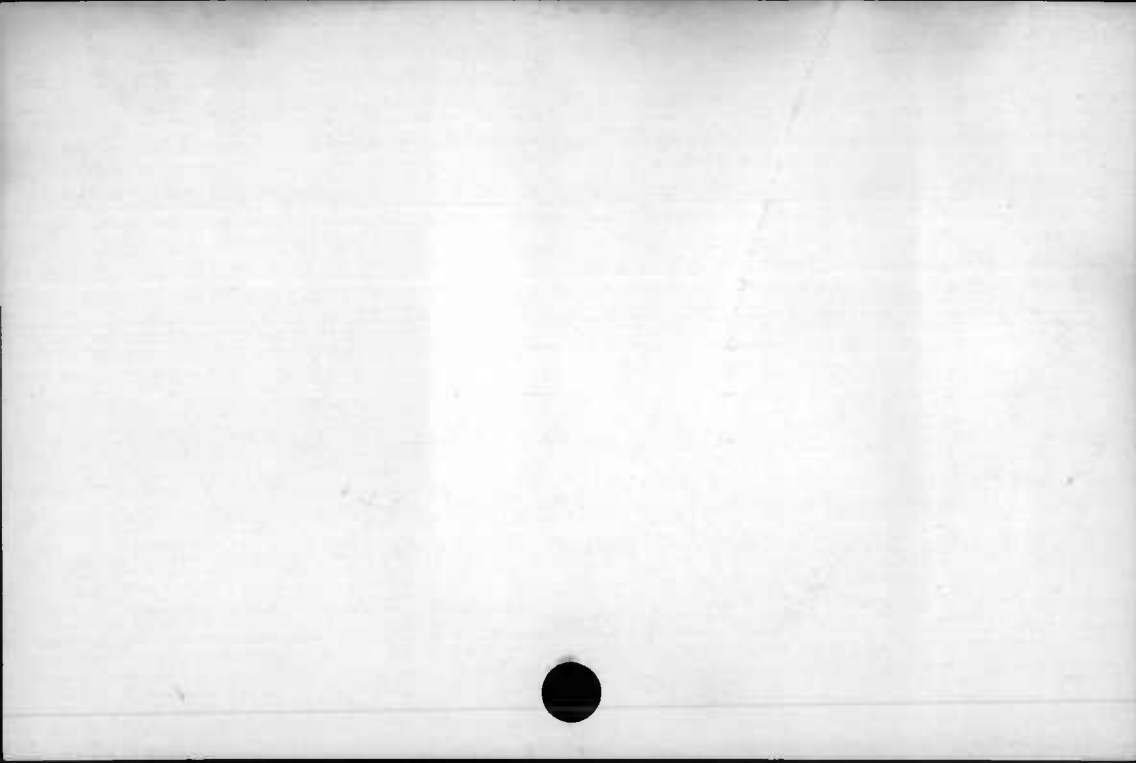
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>64</i>
Immediate <i>Paralysis - Coma</i>	How long <i>4 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U D House MD</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brooksville</u> ^{Town}		County <u>Montgomery</u>	
		Date of death 1905 <u>June</u> ^{Month}		<u>23rd</u> ^{Day}	
		Age <u>—</u> ^{Years}		<u>—</u> ^{Months}	
		<u>21</u> ^{Days}			
		Sex <u>Male</u>		Color or Race <u>Colored</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>	
		Name of Wife or Husband <u>—</u>		Birthplace <u>Montg. Co. Md.</u>	
		Father's Name <u>John Andrew Lewis</u>		Father's Birthplace <u>Montg. Co. Md.</u>	
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>John Andrew Lewis</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Marasmus supposed, no Physician in attendance</u>		How long <u>see in life</u>	
		Immediate <u>—</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Chas. Farguson, M.D.</u>	
				Address <u>Q. Ave. Md.</u>	
Accident or Suicide?					



Name in Full

Certificate of Death

Katherine M. Chelan Mauer

Died at ^{Town} Bethesda Park ^{County} Montgomery MARYLAND

1905
 Date ^{Month} 6 ^{Day} 29 ^{Y.} 55 ^{M.} - ^{D.} - ^{Native of} Penna. ^{Occupation} Gov. Clerk
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living -

Husband
of

Wife ✓

Father's
Name ✓Mother's
Name -

Cause of { Primary Bright's Disease
 Death { Immediate Uremic Convulsions
 How long sick a few months
 Accident, Suicide, Homicide

Reported by John L. Lewis, M.D.
 Address Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268



Name

in
Full

CERTIFICATE OF DEATH

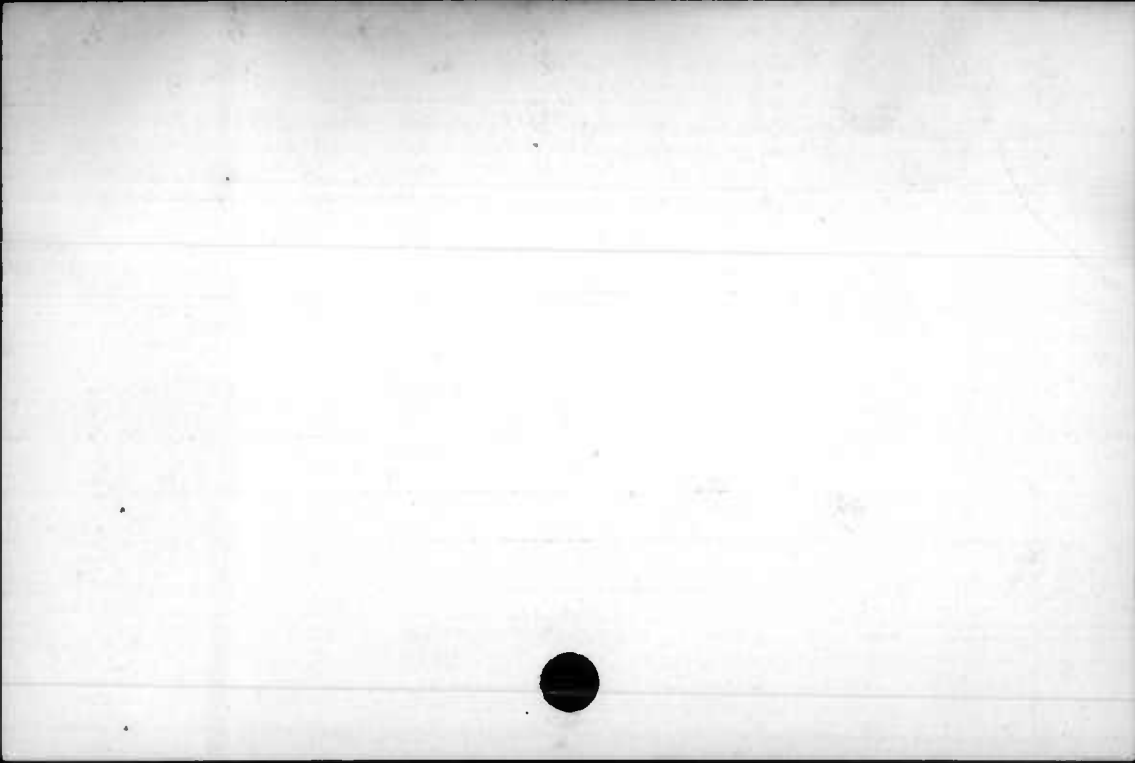
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James McKins</i>		Town <i>near Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Rockville</i>		Month <i>6</i>		Day <i>7</i>		Age <i>70</i>	
Date of death <i>1905</i>		Month <i>6</i>		Day <i>7</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place			
Occupation <i>Labour</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>George Henley</i>		How related to deceased <i>Nat at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubular disease</i>		How long <i>Five years</i>	
Immediate <i>Indigestion</i>		How long <i>Six hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		June	22	54	6	26	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer				Dum			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Married		Martha Blumday Mulligan		Md			
Father's Name		Mother's Birthplace		Mother's Birthplace			
Reuben G. Mulligan		Md		Md			
Mother's Maiden Name		How related to deceased		wife			
Mary E. Rabbitt							
Name of person giving information		Martha B. Mulligan					

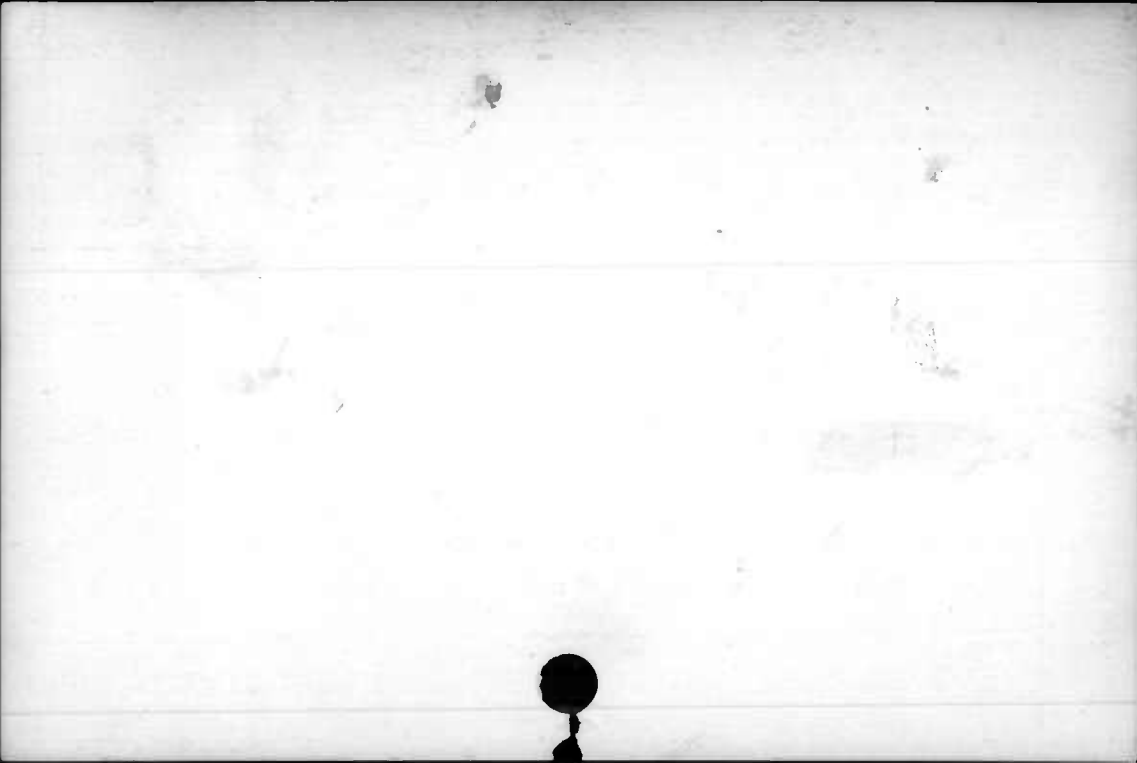
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart	How long	14 months
Immediate	Chronic & Acute Nephritis	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Eugene Jones	
		Address	
		Keenington.	
Accident or Suicide?			
No			



Name in Full		Caroline Nicholson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Lay Hill			Montgomery				
		Date of death	1905	Month	June	Day	12	Age	64
		Sex	Female	Color or Race	White	Birth-place	Md	Months	
		Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Jas Nicholson			
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information		Mrs. Atwood				How related to deceased			
						Daughter			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long			
		at least 2 yrs							
		Immediate		Hemorrhage		How long			
		2 days							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. L. Lewis	
				Address		Kensington Md.			
Accident or Suicide?		No							



Name

in
Full

CERTIFICATE OF DEATH

Margaret Owens

Town

County

MARYLAND

Died at

White

Monday

Date

of death 190

Month

June

Day

3

Age

Years

80

Months

2

Days

19

Sex

Color or
Race

White

Birth-
place

Howard Co

Occupation

Where Residing if not
at place of death

White

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Lor J H Owens

Father's
Name

Philomon Worsley

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Marian Crawford

Mother's
Birthplace

Linton

Name of person giving
In formation

M. L. Anderson

How related
to deceased

CAUSES OF DEATH

Primary

Old age

How long

2 years

Immediate

Atherosclerosis

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

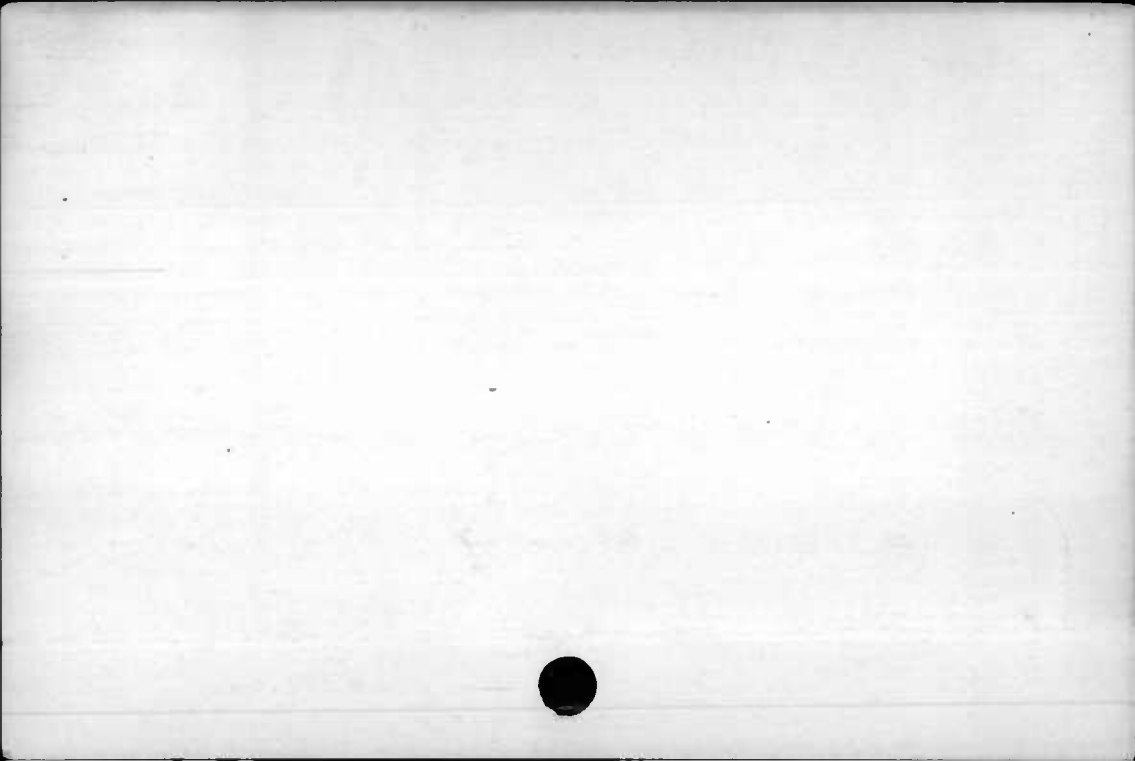
Dr. Green was the last

Dr. Green was the last

Dr. Green

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Phair

CERTIFICATE OF DEATH

Died at ^{Town} Spencerville

County

Montgomery

MARYLAND

Date

of death 190

Month

June

Day

17

Age

Years

57

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Burrsville

Occupation

house wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

William Phair

Father's
Name

Joseph Sober

Father's
BirthplaceMother's
Maiden Name

Sallie Harris

Mother's
BirthplaceName of person giving
information

Wm Phair

How related
to deceased

husband

CAUSES OF DEATH

Primary

gastric Ulcers

How long

Immediate

Peritonitis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

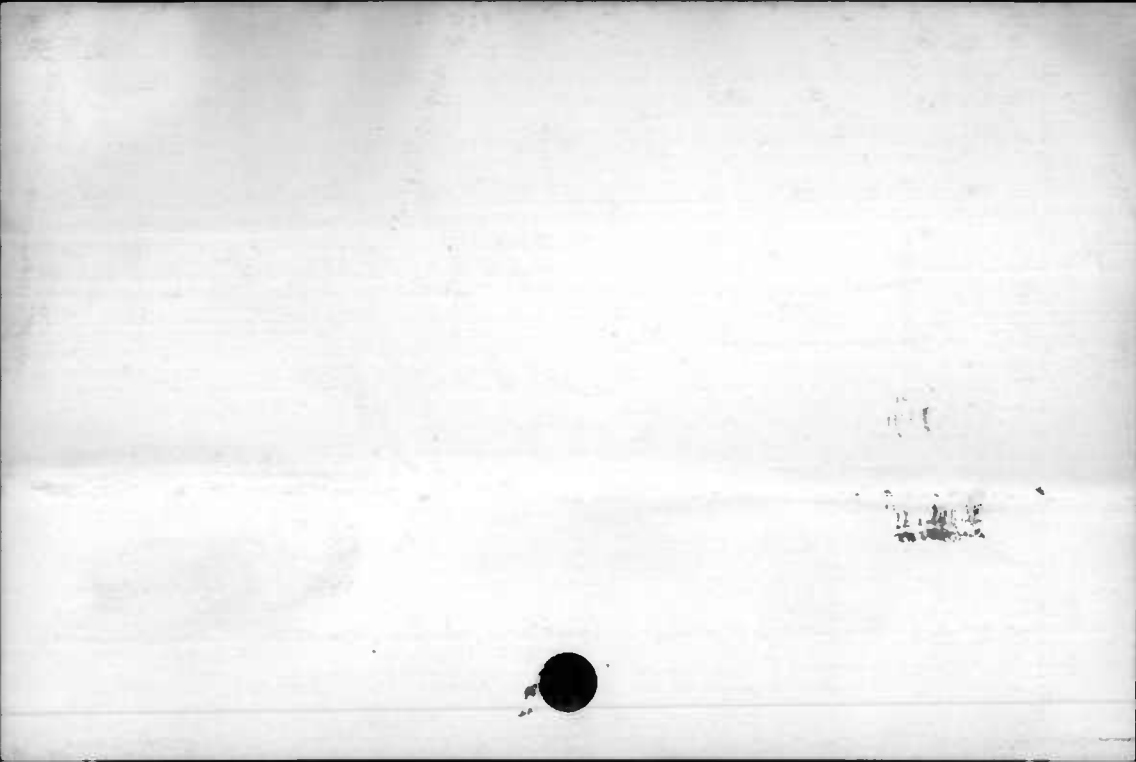
Address

John A. Catton

Spencerville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan Veronica Phillips

CERTIFICATE OF DEATH

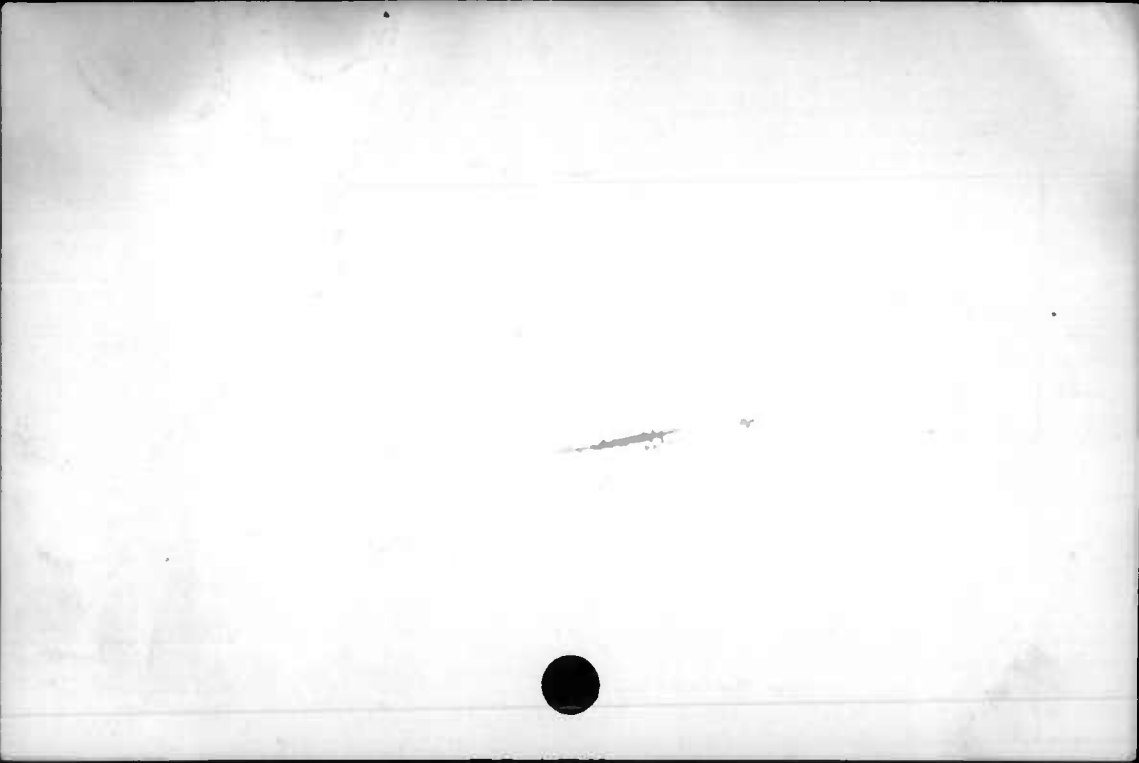
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>22</i>	Age <i>85</i>	Months <i>11</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Washington, D.C.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Washington, D.C.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband _____				
Father's Name <i>Samuel Kneller</i>	Father's Birthplace <i>Prussia</i>				
Mother's Maiden Name <i>Mary Stettinius</i>	Mother's Birthplace <i>Atlantic Ocean</i>				
Name of person giving Information <i>Samuel L. Phillips</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>2 yrs 5 mos.</i>
Immediate <i>Edema Lungs</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George E. Lewis, M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

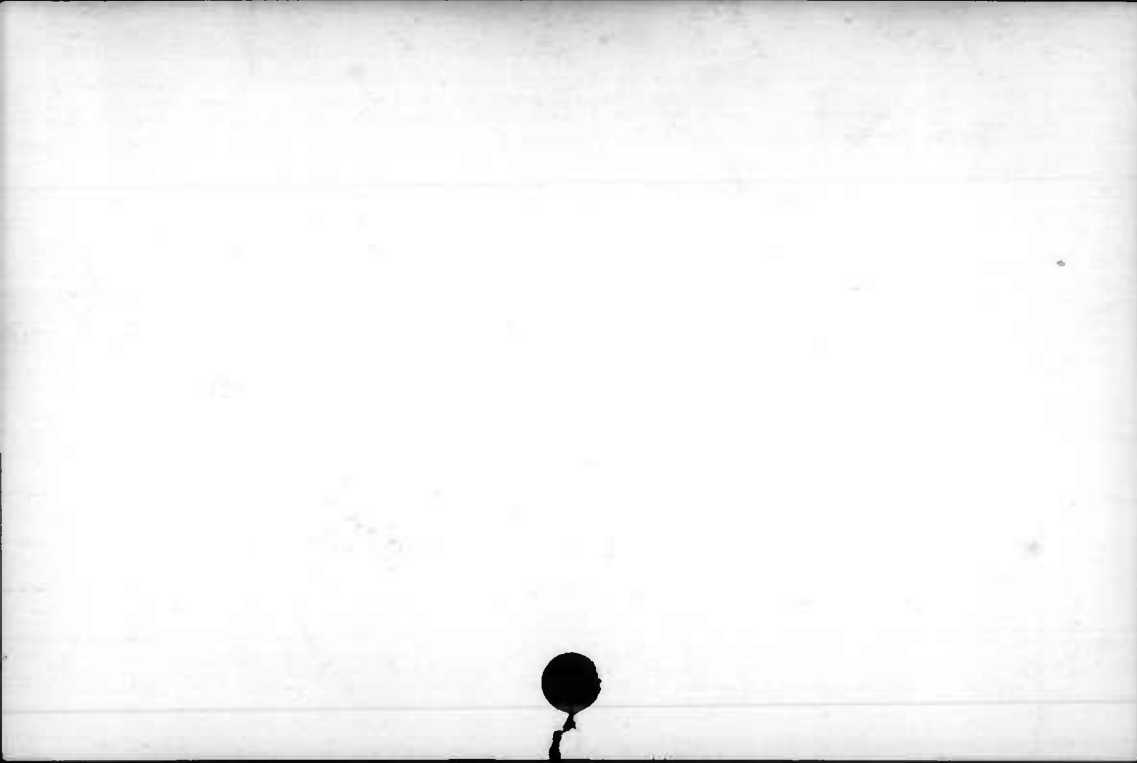
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death <i>1905</i>	<i>6</i> ^{Month}	<i>3</i> ^{Day}	<i>61</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Illinois</i>		
Occupation <i>Lawyer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Mary R. Prescott</i>				
Father's Name <i>Eli S. Prescott</i>	<input checked="" type="checkbox"/>		Father's Birthplace <i>New Hampshire</i>		
Mother's Maiden Name <i>Nancy J. Bowen</i>			Mother's Birthplace <i>Illinois</i>		
Name of person giving information <i>Luther Abbe</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>27</i>	<i>Two years</i>
Immediate <i>Paralysis</i>	How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson</i>	
	Address <i>Rockville, Md.</i>	
Accident or Suicide?		



Name
in
Full

Lillian Proctor

CERTIFICATE OF DEATH

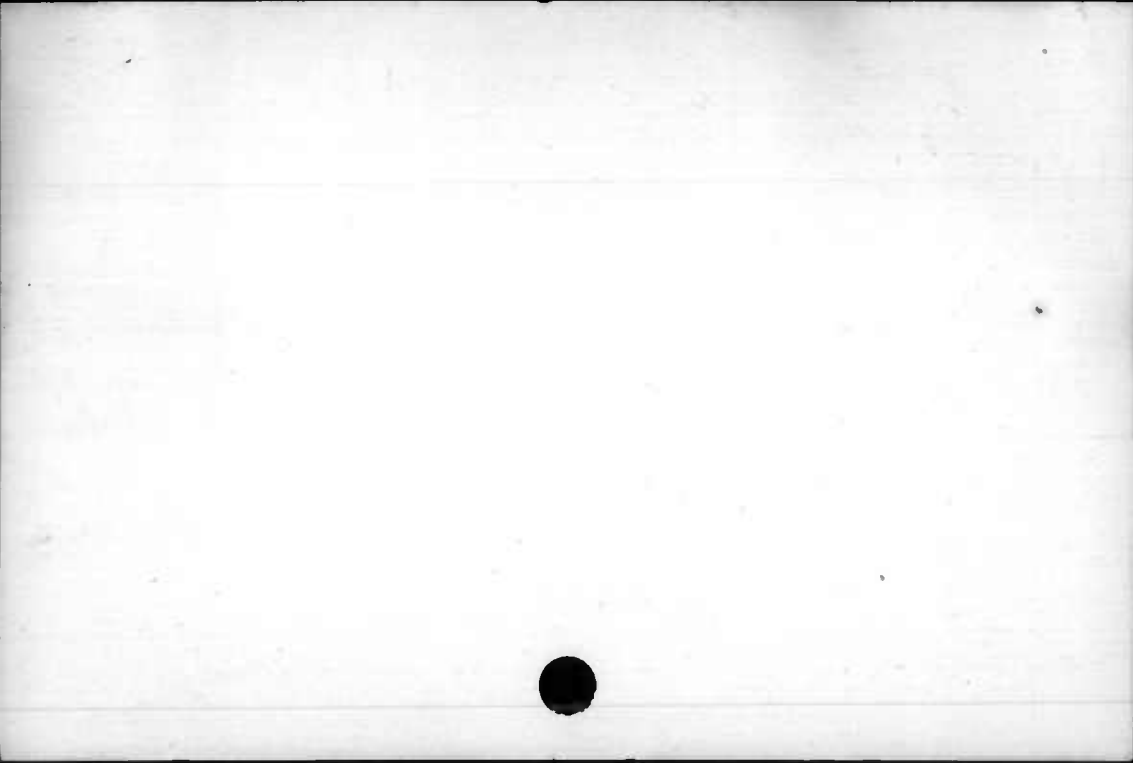
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Podleville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	Month <i>June</i>	Day <i>30</i>	Age <i>6</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Podleville Md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Podleville Md</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Proctor</i>			Father's Birthplace <i>Podleville</i>		
Mother's Maiden Name <i>Leah Lyler</i>			Mother's Birthplace <i>Podleville</i>		
Name of person giving information <i>Albert Lyler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pituitary</i>	How long <i>2 1/2</i>
Immediate <i>Tuberculosis - Lungs</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B N Walling</i>
	Address <i>Podleville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

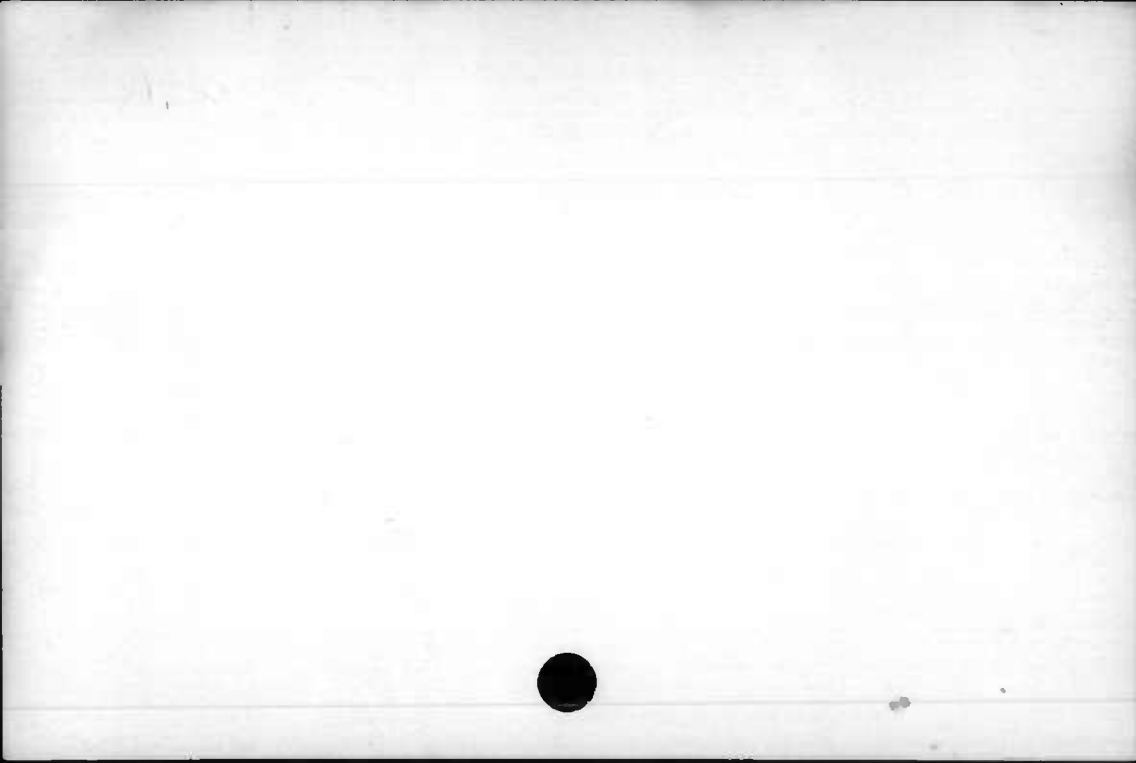
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel Edward Rabbitt		Town Rockville		County Montgomery		MARYLAND	
Died at		Date of death		Age		Months Days	
		1905 June 1st		78		29	
Sex Male		Color or Race White		Birth-place Montgomery Co. Md.			
Occupation Retired				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry		Father's Birthplace Maryland					
Mother's Maiden Name Elizabeth Offutt		Mother's Birthplace Maryland					
Name of person giving information Mrs. Ed. Windham		How related to deceased Nephew's wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	Several years
Immediate	Exhaustion	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Clairborne H. Mannat	
		Address	
		Rockville, Maryland.	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Rockville*
Date of death *1905*Month
*6*Day
6

Age

Years
82

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Abraham Ricketts*Father's
Birthplace*Maryland*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Maryland*Name of person giving
In formation*George Henley*How related
to deceased*Not at all*

CAUSES OF DEATH

Primary

Senile Debility

How long

One year

Immediate

Indigestion

How long

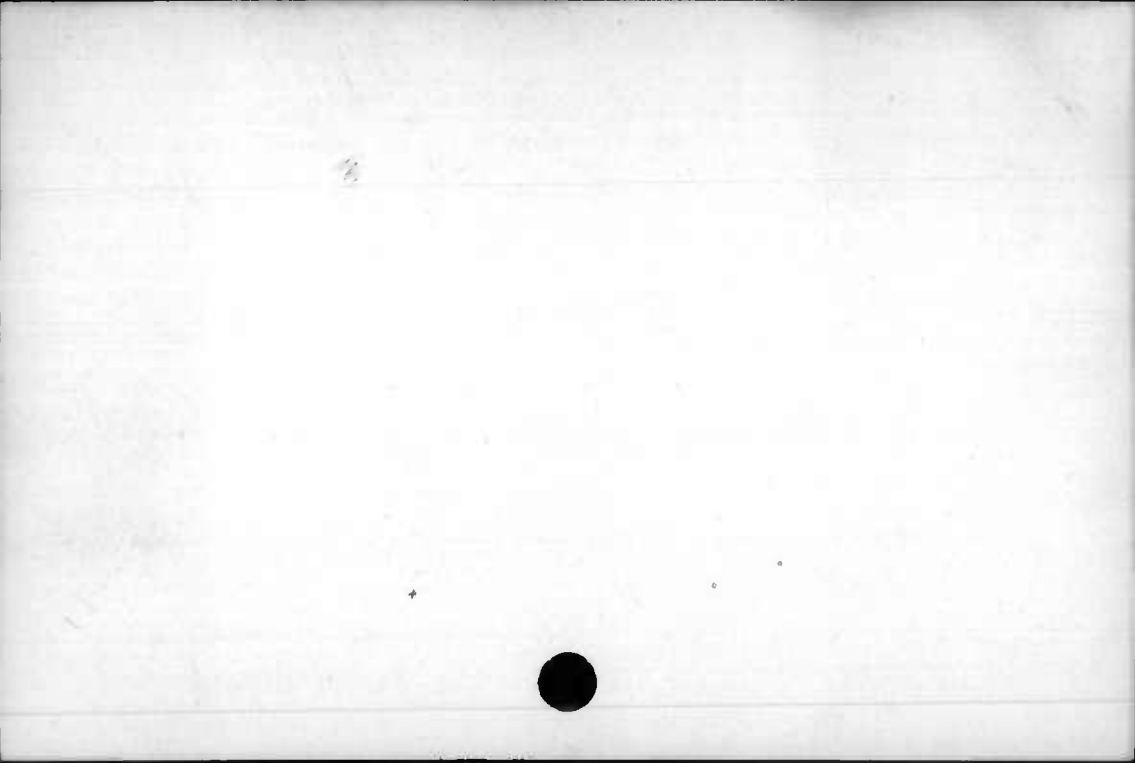
*Six hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Edward Anderson*

Address

Rockville

Accident or Suicide?

—



Name

in
Full

CERTIFICATE OF DEATH

Myrtle Sprigge

Town

County

MARYLAND

Died near Olney

Montgomery

Date

Month

Day

Years

Months

Days

of death 1905

June

13

Age

—

about 2

Sex

Female

Color or
Race

Colored

Birth-
place

Montg. Co. Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Harry Sprigge

Father's
Birthplace

Montg. Co. Md.

Mother's
Maiden Name

Margaret Elizabeth Green

Mother's
Birthplace

Montg. Co. Md.

Name of person giving
in formation

Harry Sprigge

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Marasmus

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. Farguhar.

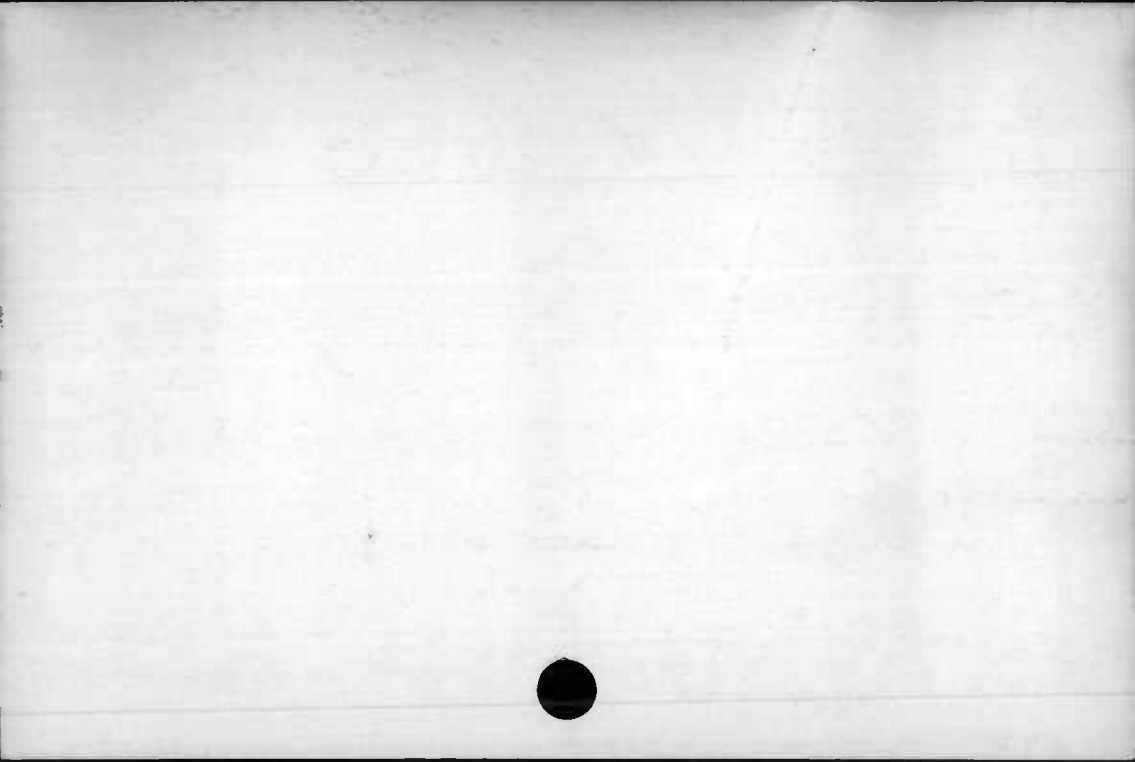
Address

Olney.

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susie Tucker

CERTIFICATE OF DEATH

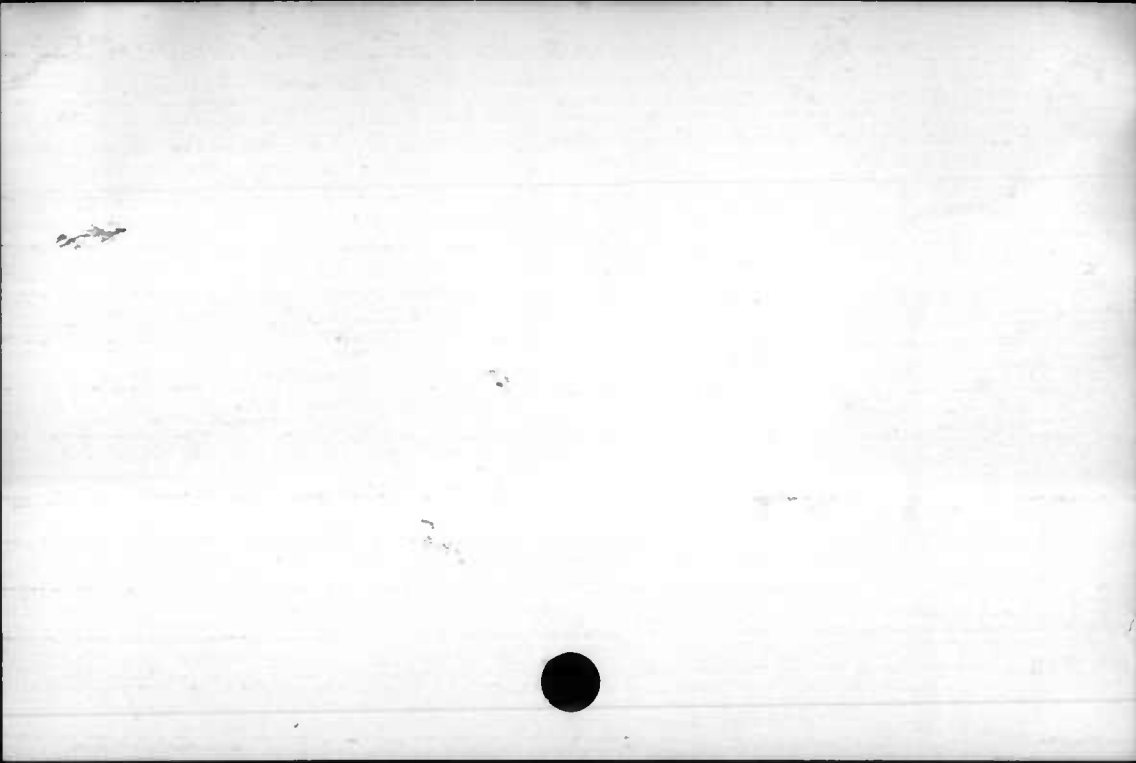
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Edmon</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		1905	Month <i>June</i>	Day <i>25</i>	Age	Years	Months <i>12</i>
Sex <i>girl</i>		Color or Race <i>white</i>		Birth-place <i>Edmon</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/> <i>Widowed</i>				Name of Wife or Husband			
Father's Name <i>Ely Tucker</i>				Father's Birthplace <i>Edmon</i>			
Mother's Maiden Name <i>Katherine Bell</i>				Mother's Birthplace <i>Spencerville</i>			
Name of person giving information <i>Ely Tucker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>For want of nourishment</i>	How long	<i>153</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John R. Batson</i>	
		Address <i>Spencerville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Daily Coard

Town Lay Hill

County Montygomery

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

1905

June

12

60

Sex

Color or
Race

Birth-
place

Male

Black

md

Occupation

Where Residing if not
at place of death

Laborer

Same

Married, Single
or Widowed

Name of Wife or
Husband

Married

May Strong Coard

Father's
Name

Father's
Birthplace

Mr. Ward

md

Mother's
Maiden Name

Mother's
Birthplace

Nettie Diggs

md

Name of person giving
information

How related
to deceased

May Strong Coard

wife

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

Paralysis on left

How long

12 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

Cecilia Jones

Remington

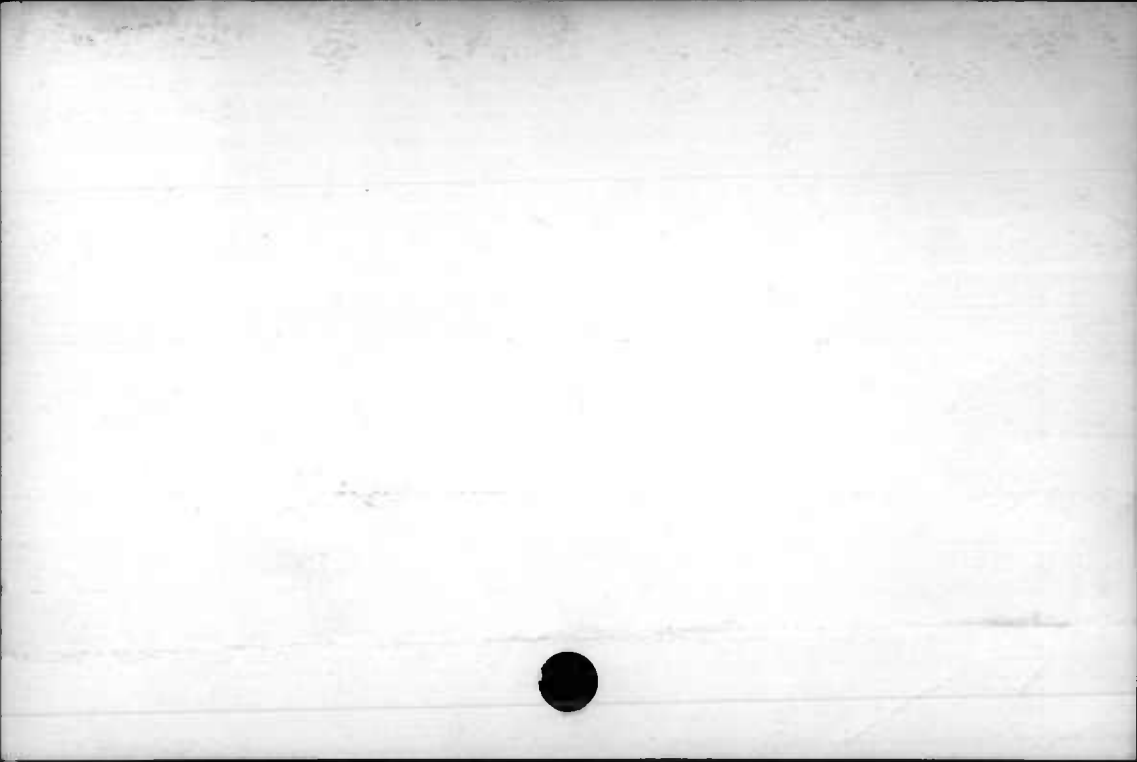
Accident or Suicide?

No

md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Marshall</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>9</i>	Age <i>7</i>	Years <i>7</i>	Months <i>3</i> Days <i>3</i>
Sex <i>Boy</i>	Color or Race <i>negro</i>		Birth-place <i>Martinsburg</i>		
Occupation <i>L</i>	Where Residing if not at place of death <i>Martinsburg</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Thomas Williams</i>			
Father's Name <i>Thomas Williams</i>		Father's Birthplace <i>Martinsburg</i>			
Mother's Maiden Name <i>Nannie E. Bittus</i>		Mother's Birthplace <i>Martinsburg</i>			
Name of person giving Information <i>Thomas Williams</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>170</i>
Immediate <i>DK</i>	How long <i>170</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Gott</i>
	Address <i>Podlesville</i>
Accident or Suicide? <i>no</i>	<i>Ind</i>

